

Inverclyde Staff Conversations: Key Themes

Mental Health and Substance Use: Improving
Our Response

JUNE 2023

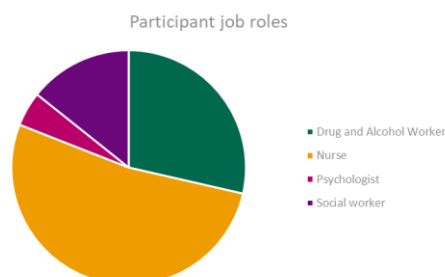
Introduction

The aim of the mental health and substance use work within Inverclyde is to review and refine care pathways to improve the quality of care and health outcomes for people with both mental health and substance use support needs. This will include pathways between specialist services, as well as coordination to support complex needs.

The Staff Conversations events gave staff working within mental health and substance use services an opportunity to come together to hear about the activity planned for the programme and offer a space to discuss some of the potential challenges and opportunities.

Through these conversations, we heard from clinical and operational staff from mental health, substance use and primary care services, ranging across specialisms – including mental health nurses, psychologists, social workers, key workers and team leads.

The purpose of this report is to highlight the key themes from these events to enable a fuller understanding of the mental health and substance use system within Inverclyde.



Feb	Mar	Apr	May	June	July
Launch event – 33 participants		System mapping – 27 participants			
			Staff conversations (online) – 12 participants		
			Staff conversations (in-person) – 29 participants		
				Community and Voluntary Sector Staff conversations	

Key Themes

**Access and
Collaboration**

**Difficulties in
the Referral
Process**

**Lack of Clarity
in Roles and
Responsibilities**

**Increased
Service
Pressures**

**Supporting
Someone with
Complex Needs**

Access and Collaboration



Communication and joint working: Pockets of good practice were identified between The Wellpark Centre and Community Mental Health Team who held case management meetings prior to COVID-19. These could be spread and made more consistent across services. There is an opportunity to improve communication and standardise joint working between different teams and services, noting the importance of regular meetings and better collaboration.

Workforce development: The notion of upskilling/building confidence for staff was raised as a way to support collaboration and access.

Regular review to support people into appropriate services: By ensuring timely assessment of mental health and substance use needs, people can be supported into the most appropriate services sooner – for example, this might be through a clinician identifying a subclinical need that can be supported in the third sector, or a mental health practitioner feeling comfortable supporting someone stable on Medication Assisted Treatment.

Difficulties in the Referral Process



Joint working: Gaps in collaboration between the Alcohol and Drug Recovery Service and community care social work teams create obstacles in the seamless flow of necessary information required to advance referrals and provide effective support to individuals.

Exclusion Criteria: Exclusion criteria pose access challenges for individuals seeking help, especially individuals with severe substance use problems. Individuals with dual diagnoses face barriers in accessing the comprehensive support and treatment necessary to address both their mental health and substance use concerns.

Shared assessments: A dual needs assessment was identified as an opportunity to conduct a comprehensive assessment that considers both substance use and mental health issues.

Lack of Clarity in Roles and Responsibilities



Understanding roles in a complex system: Currently, clarity is lacking regarding the boundaries and responsibilities of different services, resulting in misunderstandings (e.g. in relation to referrals). Additional challenges exist around understanding the needs of individuals with dual presentations, how these needs can be addressed and by who.

Consistent pathways: Enabling person-centred care will necessitate establishing clarity across services, with clear routes for escalation and decision making. Educating broadly across services on dual needs is also necessary as is enhanced staff training that addresses the complexities of dual presentations.

Service Challenges



Staffing: High service demand results in staff 'firefighting' with a focus on the people that are most at risk. High service demand also limits the capacity to develop new ways of working and build relationships across services.

Assessments across mental health and substance use: Lack of time to have deeper level patient consultations around the particulars of dual presentations, results in a high prevalence of onward referrals to specialist Community Mental Health Team or Alcohol and Drug Recovery Service for cases that may be better supported elsewhere.

Time for wider needs assessments: Therapeutic contact is further impacted by supporting non-care needs, such as housing etc. To address this, a whole-system view is needed to tap into skills across services. In practice, this necessitates improved understanding and links with appropriate third sector services as well as understanding their capacity to provide targeted interventions.



Difficulties in Supporting Someone with Complex Needs

Needs around specialist care: Supporting individuals with dual needs is complex and it is challenging to understand the root cause of someone's difficulties as these can be driven and exacerbated by current and historic experiences. Unpicking this to understand how best to support someone who is high-risk can be challenging.

Higher Tier Mental Health Support : It was expressed that although staff in ADRS have the 'capacity' of skilled staff who can also treat mental health issues, some staff may lack the specialist experience, skills and confidence to treat patients with severe and enduring mental health illnesses.

Supporting additional and 'basic' needs: Those with complex needs are likely to be in contact with multiple services, which poses a challenge to engagement and can result in people not attending appointments or disengaging from services.

Staff Quotes



It feels like there are two separate services, when really it's much closer than that

If we (CMHT) have to do routine screening for substance use, we need to know what tools to use

There are risks associated with giving advice to stop drinking without specialist support

Every (mental health) team has a different threshold for the level of substance use

There are some referrals where, with more information I'd be able say if the person requires tier 2 or 3 services. But without it I send them to tier 3 services

Joint working would help, but it's not known where the link points are or who on the other team could pick this up on their caseload

There is an 'elective' element to support – if people don't feel comfortable going to Crown House, they don't have to. But there is no alternative



Thank you to all those who participated in these conversations.

The insights developed through these discussions are being used to develop and shape the workstreams that will see the testing of new ways of working in Inverclyde.

Further engagement

There will be further engagement with staff in statutory services, along with staff in the third sector and people with lived experience. This engagement will seek to develop the conversations started here and understand where focused change can have the best impact.

Finding a focus

With thanks to all those involved, there is a clear idea of the broad areas where improvements can be made. The next steps will be to identify a practical focus that allows for meaningful change, in a way that can support ongoing improvement as a test of change/proof of concept.

Staying involved

Keep an eye out for emails and invites regarding future opportunities to be involved in this work. There will be further activities regarding co-designing change projects and supporting with evaluation.

Thank you once again to everyone who contributed.

We are looking forward to continuing these conversations.

These conversations were part of a wider programme of engagement in Inverclyde that also included:

- Programme launch event
- System mapping workshops

If you wish to see the outputs from these then please get in touch and we will share them with you.



Email: his.transformational.changementalhealth@nhs.scot